

\* MUST COMPLY WITH ALL ZONING SETBACKS

\*\* Owner responsible for location of  
septic system

# BUILDING PERMIT APPLICATION

## Town of Westford

APPLICATION FOR PERMIT TO BUILD NEW DWELLING OR COMMERCIAL BUILDING IN ACCORDANCE WITH THE STATE BUILDING CODE & LOCAL PROTECTIVE BY-LAW OF THE TOWN.

This application and plot plans specification structural drawings must be filed with the Building Inspection Dept. Incomplete applications will not be acted upon. No Building Permit will be issued until all required approvals have been obtained including issuance of the Sanitary Permit and Driveway Permit and payment of the required building permit fee.

Town Lot No.: \_\_\_\_\_ Map No.: \_\_\_\_\_ Zone: \_\_\_\_\_ Date Filed: \_\_\_\_\_

(PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION)

OWNER OF PROPERTY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME OF STREET AND STREET NO. WHERE LAND IS LOCATED: \_\_\_\_\_  
LOT SIZE: SQ. FEET: \_\_\_\_\_ LOT. NO. \_\_\_\_\_  
Name of Architech: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Architech: \_\_\_\_\_  
Name of Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Contractor: \_\_\_\_\_ Lic. No.: \_\_\_\_\_  
Class of Construction: (Type 1-2-3-4-5) \_\_\_\_\_ Type of Construction: \_\_\_\_\_  
Use and Occupancy: \_\_\_\_\_  
Total No. of Rooms: \_\_\_\_\_ Floor Area in Square Feet: \_\_\_\_\_  
No. of Stories: \_\_\_\_\_ Height (From Ground Level to Rooftop): \_\_\_\_\_  
Type of Foundation Walls: \_\_\_\_\_ Thickness: \_\_\_\_\_  
Exterior Walls (Thickness): Basement: \_\_\_\_\_ 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_  
Size of Floor Joists: 1st Floor: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_ Roof: \_\_\_\_\_  
Span: \_\_\_\_\_ Distance on Centre: \_\_\_\_\_  
Roof Type: \_\_\_\_\_ Roof Covering: \_\_\_\_\_  
Overall Dimensions of Proposed Structure: \_\_\_\_\_  
Set back from street property line: \_\_\_\_\_  
Distance from property line: left: \_\_\_\_\_ right: \_\_\_\_\_ rear: \_\_\_\_\_  
Type of Heating: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Owner or Authorized Representative)

\_\_\_\_\_  
Approved/Disapproved by Zoning Authority: \_\_\_\_\_ On: \_\_\_\_\_  
Approved/Disapproved by Board of Health: \_\_\_\_\_ On: \_\_\_\_\_  
Approved/Disapproved by Conservation Commission: \_\_\_\_\_ On: \_\_\_\_\_  
Approved/Disapproved by Building Inspector: \_\_\_\_\_ On: \_\_\_\_\_

Building Permit Fee in the Amount of \$ \_\_\_\_\_

Permit No. \_\_\_\_\_